

 <p>Fayette County GEORGIA <i>Where Quality Is A Lifestyle</i></p>	<p align="center">Fayette County Permits & Inspections Department 140 Stonewall Avenue West · Suite 201 · Fayetteville, GA 30214 Phone: 770-305-5403 Fax 770-305-5258 Web: http://www.fayettecountyga.gov/bldg_permits/infobldg.asp</p> <p align="center">QUALIFYING AGENT CHANGE OF INFORMATION FORM</p>	FOR DEPARTMENTAL USE ONLY
		RECEIVED BY / DATE:
		LIC. INFO VERIFIED:
		PAGE 1 of 1
		REVISED: 06/25/08

**INFORMATION FORMS THAT ARE INCOMPLETE, ILLEGIBLE OR SUBMITTED IN ERASABLE MEDIA WILL NOT BE ACCEPTED.
TYPE OR PRINT CLEARLY USING PERMANENT BLUE OR BLACK INK.**

1. EFFECTIVE DATE:			2. DATE STATE NOTIFIED:			3. REASON FOR CHANGE:		
4. PREVIOUS CONTRACTOR INFORMATION:								
BUSINESS NAME:						BUSINESS LIC. NO.:		
GEORGIA STATE LIC. NO.:						GEORGIA STATE LIC. TYPE:		
5. NEW CONTRACTOR INFORMATION: (FILL OUT THE SECTION ONLY IF IT APPLIES)								
BUSINESS NAME:						BUSINESS LIC. NO.:		
GEORGIA STATE LIC. NO.:						GEORGIA STATE LIC. TYPE:		
6. APPLICANT'S INFORMATION:								
NAME:						TITLE (CONTRACTOR, QUALIFIED AGENT, ETC.):		
GEORGIA STATE LIC. NO.:						GEORGIA STATE LIC. TYPE:		
ADDRESS:								
CITY:				STATE:			ZIP CODE:	
DAY PHONE NO.:						CELL NO.:		

ANY CHANGE IN STATUS OF THE DESIGNATED CONTRACTOR MUST BE SUBMITTED IN WRITING TO THE FAYETTE COUNTY PERMITS & INSPECTIONS DEPARTMENT PER O.C.G.A. 43-41-9.

_____ APPLICANT'S / CONTRACTOR'S SIGNATURE (MUST BE SIGNED IN THE PRESENCE OF A NOTARY)	_____ DATE
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_____ PRINT NAME	_____ TITLE (CONTRACTOR, QUALIFIED AGENT, ETC.)
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Sworn to before me and subscribed
in my presence this _____ day
of _____, 20____

Notary